MEETING MINUTES

Project Name: IPRS	**Doc. Version No:** 1.0	**Status:** Final

Meeting Name:	IPRS Core Team Meeting
Facilitator:	Eric Johnson, DMH
Scribe:	Debra Haraway
Date:	2/7/07
Time:	10:30 – 11:30 a.m.
Location:	Hargrove, Conference Room D

IPRS Core Team Attendees:

- x Rick Kretschmer
- x Cheryl McQueen
- Gary Imes
- x Joyce Sims
- x Rick Debell
- x Carlisa Stallings
- x Thelma Hayter
- x Eric Johnson
- x Tim Sullivan

Others:

- x Jamie Herubin
- x Sandy Flores
- x Mike Frost
- x Myran Harris
- Chris Ferell
- x Deborah LeBlanc

Attendees:

- x Alamance-Caswell
- x Albemarle
- x Catawba
- x Centerpoint
- x Crossroads
- x Cumberland
- x Durham
- x Eastpointe
- x Edgecombe-Nash
- Five – County MHA
- x Foothills
- x Guilford
- x Johnston
- x Mecklenburg
- x Neuse
- x New River
- x Onslow-Carteret
- x OPC
- x Pathways
- x Pitt
- x Roanoke-Chowan
- Rockingham
- x Sand hills Center
- SE Center
- x SE Regional
- Smoky Mountain
- x Tideland
- x Wake
- x Western Highlands
- x Wilson-Greene

Attendees:

Item No. Topics

1. Roll call

2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**

3. Upcoming Check-writes (cut-off dates) – February **8**, 15, 22

4. Agenda items
- CAP MR/DD
- Reminder…Send in NPI data
- IPRS Questions or Concerns
- MMIS Updates – Tim Sullivan & Chris Ferrell
- NPI Questions/Concerns
- Medicaid Questions or Concerns

5. DMH and/or EDS concluding remarks.

    a. For **North Carolina Medicaid** claim questions / inquiries, please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.

    i. Physician phone analyst (i.e. Independent mental Health Providers – 4706
    ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4704

6. Roll Call Updates

Next Meeting: February 14, 2007

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355
, M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	**Topics**
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**

3.	Upcoming Check-writes (cut-off dates) – February 8, 15, 22 - This coming Thursday is a check-write cutoff date of February 8th. This is the first check-write cutoff day that occurs on a Thursday instead of a Friday. Going forward all claims must be received by Thursday 5pm instead of the usual Friday deadline. Check-write cycle will not begin until Friday at its usual time. Q (Kelly from Durham): Are we still good with 834's that transmitted on Friday: that they will be processed until the cycle kicks off? A Yes.
4.	Crisis Fund Issues - Spencer Clark from the Division was available on the call to answer questions regarding the recently implemented crisis funds. Q (Regina to Spencer): Email regarding how the funds can be used? In July memo: Regional crisis and one time money and ongoing money. The pot of money was given to each LME to utilize for individual services and not money for start up costs. Some people believe that the usage of that money has to be a decision made from the region (not to be used by individual LMEs). Is this correct? A (Spencer): We will have a meeting with the staff of the oversight committee on how we are spending the $7.9 million in crisis funds which were allocated back in August. They are eager to see how we are using the crisis funds. We put in the population groups back in the fall and then moved the money back inside UCR. We met with the operations committee of North Carolina Council about allowing LMEs to earn the money in more of a passive way. Existing crisis target populations can earn against these dollars for a limited number of services. If the crisis funds were utilized first for the regulate target populations, the 7 crisis services would have earned $5 million of the 7.9 million to date. Q: Are the two buckets of money separate (crisis pop money versus regional money)? A: (Spencer): Yes the two buckets are separate. It is not the same money. 5.2 million dollars was created to plan startup costs. The 7.9 million was for LMEs to draw down reimbursement for crisis services performed. Do not hold off on using the 7.9 until mid March. We are looking at how to utilize the regional funds. We want to maximize the utilization of the crisis funds and balance the funds between use and need. Q: Why was the crisis money moved from Non UCR to UCR? A: When the initial allocation letter was sent in August, we had set the funds up as Non-UCR. Management wanted to track what crisis services were being used by the consumers in order to report the information to the General Assembly. We may reevaluate how the funds will be drawn down based upon the data received on the usage of the 7 designated crisis services. Thelma: The issue is balancing the use of crisis funds for known consumers enrolled in target population groups versus new consumers. New consumer can be enrolled in the crisis services pop groups to use crisis funds even if they do not qualify for one of the target population groups. Q (Kelly in Durham) - Are the 3 day limitations going to be revisited? Some clients in crisis need services for more than 3 days. Someone in crisis facility usually needs 10 days. We have to submit multiple eligibility segments for these clients. A (Spencer): Yes we would be happy to revisit extending the eligibility period. Q (April from Southeastern Regional): Am I to understand that out of the $7 million we have gone down to $5 million already?

	A (Spencer): No. The "mechanics" that we have set for using funds have made it difficult to utilize the crisis funds. This is currently being revisited. Q (Tom from Western Highlands): I submitted a request to add community support to crisis services. Is this under consideration? A (Spencer): I do remember this request but we don't want community support to drain all of the crisis funds. We are still looking into this issue; however "90862" has already been added to the crisis fund.
5.	CAP MR/DD-(Thelma): Atypical provider identification: **<u>This is draft information only and should not be considered a final position.</u>** Only the CAP MR/DD providers are being considered atypical providers (Type/Spec 082/104). This issue is still being addressed. If you have a CAP provider who also delivers healthcare services they will have to get an NPI. Whenever you submit claims for those CAP MR/DD providers you must use their NPI number if they have one. If the provider gives healthcare services and non healthcare services then they need to get an NPI number and this number must be submitted on all claims ***regardless of the service***. The NPI number is associated with the provider and not specific procedures. We will keep you updated as we finalize. Residential providers are considered institutional and they do need to get an NPI number. They are considered typical as of today. Q: Who are residential providers? Mental health, DD or both? A: We will clarify but I believe it is all residential providers. Q: Is therapeutic foster care considered in this decision? A: We asked about that and it is still being discussed. Q: If we are billing therapeutic foster care because they can't direct enroll would that require us to obtain an NPI? A: That decision hasn't been made. Q: Has there been any discussion about CAP supplies? Wheelchairs, special building needs…… A: No there hasn't. Q: Has there been any discussion about providers billing for this directly without going through the LME? A: I will send it to DMA for further discussion. Letters to healthcare providers will be going out to remind them to obtain an NPI number and a response is requested for them to notify DMA if they provide healthcare services or non healthcare services.
6.	Send in NPI data – Cheryl: Reminder to send in your information for your billing providers only. In addition to the NPI number we need to know which legacy number(s) to associate the NPI number to. Be sure to include your 34049xx number in that list. We also need the nine-digit zip code for your physical and accounting addresses. **We would like additional beta testers. Please note that if your claims successfully map during beta testing, they will very likely map correctly in production when NPI is implemented. Participating in beta testing is the best way to ensure that your claims will map correctly when the NPI becomes mandatory. There are now currently nine beta test volunteers. We will be beta testing in the March time-frame. Send an email**

	to Q & A if you are interested in participating in the beta testing. Q (Terry from Eastpointe): If we are totally divested of all of our services do we need to link our NPI numbers or is this something that is going to happen at the state? Do we need to worry about using an NPI number even though we are divested of services but still billing for providers? A (Cheryl): The attending providers would have NPI number(s) and you would need to associate those attending providers' NPI numbers with their legacy numbers. Regarding your billing providers, you would not have an NPI. All you need to do is send an email stating that you are divested and that you are not getting an NPI. Q (Agnes from Cumberland): Regarding taxonomy code(s); what are the 837 requirements for the billing provider? A (Cheryl): The 837 allows you to submit taxonomy codes at either the billing level or the attending level, but not both. We would prefer that you submit taxonomy codes at the attending level. It is important that you choose valid codes. For reference "www.wpc-edi.com" is the web site for you to check taxonomy codes. Do not wait for the provider to notify you of a code change – go out yourselves and check them every six months.
7.	IPRS questions or concerns- Q (Anita from Pathways): Has the memo regarding prior approval of developmental therapies been distributed yet? A (Thelma): No. Hopefully it will be out next week. The residential memo has not been published. Per Dick Oliver hopefully it will be published soon. Q: What was last mentioned about the residential providers? Were we not to deal with that after 12/31/06? A (Thelma): The edit to not let LME's bill for residential providers was to be implemented 12/31/06. Currently there are providers that still aren't yet enrolled in DMA. The decision was made to extend the deadline to let LME's bill for residential providers who are endorsed but not yet enrolled with Medicaid. Those providers who are not endorsed may not bill Medicaid. Q (Vernell from Mecklenburg): If a provider was once active in our system and then became inactive, can they use/reactivate the same number when they come back into the "system"? A (Cheryl): Send the specific information to Q&A. Q (Eastpointe): Does anyone know when we will be able to look up eligibility? A (Mike): The eligibility screen problem is being looked into and has not been fixed yet. All of the eligibility information is still being updated even though you can't see it. There was an alert sent out providing directions to use the X-Ref (RI) screen to obtain this information. Q (Terry): Did you get my email on the CDSA? Is there any feedback on this issue? A (Debbie): We did meet last week and there are several other procedures that will require CDSA. The list should be available next week. DMA will respond to your email. Q (Kelly from Durham): Is EDS working on changing the edit for denying all claims between 3 and 4? A (Debbie): Yes, there will be two different alterations that are going to be made. The new age is going to be 3 and that determination is made by the birth month.

	Q (Kelly from Durham): When is that fix going to go into affect? A (Debbie): The requirements are still being worked out between DMA and EDS. There is no date at this time. Q (Tom from Western Highlands): I have a Medicaid and IPRS question. Does therapeutic foster care require authorization from Value Options? Is EDS adjudicating against any authorization? A (Debbie): Yes there are edits that require Value Options approval. Q (Western Highlands): In the last check-write, I received an EOB 8654 for IPRS. Is that a result of the new edit? A (Thelma): Yes. This is the edit for developmental therapies not to exceed 16 units. Previously, the system would cut back to 16 units, now the claim will deny if there are more than 16 units and there is not a prior approved. Q (Western Highlands) Should all of the units be entered into the Prior Approval record. A (Cheryl) Yes. Enter all the units (not just the excess).